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FEC

STATEMENT OF

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FORM 1	ORM 1 ORGANIZATION					FEC MADRICO USO ONLY		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		ample:If typing, type or the lines.	12FE4M5	CERIER		
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(Check if a is changed)		DELRAY BEA	\CH		FL ₃	3482		
			CITY		STATE	ZIP CODE		
COMMITTEE'S E-MA (Check if is change	address	(Please provide only one output on the UnitedStates	_	atorialCaucu	ses@yal	noo.com		
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2. DATE 10)" ´ 2 9°	[′] Ž012 ′						
3. FEC IDENTIFE	CATION NUM	MBER C						
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)				
I certify that I have	examined this	Statement and to the bes	st of my	knowledge and belief it	is true, correct a	nd complete.		
Type or Print Name	of Treasurer	RICHARD K	EVI	NSTON	<u>,,, , , , , , , , , , , , , , , , , , </u>			
Signature of Treasur	er	Luff	<u></u>		Date ÎO [™]	[′] 29° ′ 2012	Y	
NOTE: Submission of		us, or incomplete information				e penalties of 2 U.S.C. §43	∕g.	
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